

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000012910

1. Corporation Name

GABY EQUIPMENT RENTALS INC

Principal Place of Business

130 SW 9 AVENUE
HOMESTEAD FL
33030

Mailing Address

130 SW 9 AVENUE
HOMESTEAD FL
33030

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2002

5. FEI Number

42-1529721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	FLORES MANUELA	130 SW 9 AVENUE	HOMESTEAD, FL 33030
STD	FLORES JOSE	130 SW 9 AVENUE	HOMESTEAD, FL 33030

500024572605
11/10/03--01100--001 **150.00

8. Name and Address of Current Registered Agent

MANUELA FLORES
130 SW 9 AVENUE
MIAMI FL 33030

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-27-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-03

Gaby Equipment Rental Inc
130 SW 9th Avenue
Homestead, FL 33030
305-269-1592

November 03, 2003

To: Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:

We request that you consider reinstating our corporation with your department based on reasonable cause.

Today, our bank informed us that during their internal review, our corporation is currently inactive. It appears that it is because the address you have on file is incorrect. Our correct address 130 SW 9th Avenue, Homestead, Florida 33030, consequently, the annual report was never received by us, therefore, the payment was not made.

Also, we are attaching our lease agreement dated April 3, 2002 for your review and consideration, and attaching the reinstatement form together with our check totaling \$150.00.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status and abate any penalties due.

Sincerely,



Manuela Flores
President